

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CURBY JENKINS

Mailing Address 654 EMILY LN.

City

HASLETT

State

MI

Zip Code

48840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LANSING ANESTHESIOLOGISTS,  
PC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.77226

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

DAVID JOHNS

Mailing Address 900 48TH STREET

City

WEST DES MOINES

State

IA

Zip Code

50265

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASSOCIATED ANESTHESIOLOGI-  
STS, PC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.77000

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

R. JOHNS

Mailing Address 732 MONTANA RD., N.W.

City

ATLANTA

State

GA

Zip Code

30327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GEORGIA PERIOPERATIVE CON-  
SULTANTS, LLC

Occupation  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.77803

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....